

**New York State Department of Health
Title V Maternal and Child Health Services Block Grant
Five-Year State Action Plan
2016-2020**

Revision 6/14/2018

Domain: Maternal & Women's Health (MWH)			
State Priority #1: Reduce maternal mortality & morbidity			
2020 State Objectives: <ul style="list-style-type: none"> Objective MWH-1: Reduce the maternal mortality rate in NYS by 22%, to 16.1 maternal deaths per 100,000 live births in 2020. Objective MWH-2: Increase the percentage of women enrolled in Medicaid who are screened for maternal depression during postpartum care by 5%, to 6.8%. 			
Strategies	National Outcome Measures	Performance Measures	Evidence-Based Strategy Measures
<p>Strategy MWH-1: Continue maternal death case ascertainment and review process and issue reports of maternal death review findings and trends.</p> <p>Strategy MWH-2: Expand surveillance and reporting activities to include severe maternal morbidity.</p> <p>Strategy MWH-3: In collaboration with key partners, co-convene the <i>New York State Partnership for Maternal Health</i> to advance a comprehensive maternal health agenda that includes policy, community prevention and clinical quality improvement strategies.</p> <p>Strategy MWH-4: Collaborate with Medicaid to institute reimbursement for immediate postpartum insertion of LARC</p> <p>Strategy MWH-5: Collaborate with partners to</p>	<p>NOM 2: Percent of delivery or postpartum hospitalizations with an indication of severe maternal morbidity.</p> <p>NOM 3: Maternal mortality rate per 100,000 live births.</p> <p>NOM 7: Percent of non-medically indicated deliveries at 37, 38 weeks gestation among singleton deliveries without pre-existing conditions.</p> <p>NOM 11: The rate of infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations.</p>	<p>NPM 1: Percent of women with a past year preventive medical visit</p> <p>SPM 1: The percentage of women age 18-44 years who report ever talking with a health care provider about ways to prepare for a healthy pregnancy</p> <p>SPM 2: The percentage of women age 15-44 years and enrolled in Medicaid using the most effective, reversible methods of contraception</p>	<p>ESM MWH-5: Percentage of women enrolled in Medicaid who are screened for maternal depression during postpartum care</p>

<p>increase screening and follow-up support for maternal depression.</p> <p>Strategy MWH-6: Participate in intra- and interagency groups developing response to increased opioid use to ensure maternal and child health perspectives and populations are addressed.</p> <p>Strategy LC-1: Integrate performance standards, measures and improvement strategies related to health insurance enrollment across all Title V/ MCH programs.</p> <p>Strategy LC-2: Continue to support preconception/ reproductive health module within state's Behavioral Risk Factor Surveillance System (BRFSS), and produce focused reports of results to inform Title V program and partner strategies.</p> <p>Strategy LC-3: Incorporate performance measures and strategies to reinforce use of well-woman care including pregnancy planning and prevention across core Title V programs serving women of reproductive age, including:</p> <ul style="list-style-type: none"> • Family Planning Program • Maternal & Infant Community Health Collaboratives • Maternal, Infant & Early Childhood Home Visiting • Perinatal Regionalization • School-Based Health Centers <p>Strategy LC-13: Develop and implement a data analysis plan to assess distribution of DFH/Title V resources and services through a health equity lens</p>			
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<p>Strategy LC-14: Build internal capacity within the DFH/ Title V Program to advance health equity through all Title V programs, including:</p> <ul style="list-style-type: none"> • creation of a cross-program DFH Equity Action Team; • completion of an organizational assessment of equity practices, and • facilitation of staff training and professional development through Equity Learning Labs. <p>Strategy LC-15: Integrate an equity framework into the development of all DFH/Title V procurements through community listening forums conducted as part of the concept development process.</p> <p>Strategy LC-16: Incorporate evidence-based/-informed community engagement and collective impact strategies in all relevant DFH/Title V programs.</p> <p><i>Note: Life Course Strategies and associated ESMs are fully described in the Life Course Domain, and repeat across multiple relevant domains/ priorities consistent with their cross-cutting design.</i></p>			
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Domain: Perinatal and Infant Health (PIH)			
State Priority# 2: Reduce infant mortality and morbidity			
2020 State Objectives: <ul style="list-style-type: none"> Objective PIH-1: Decrease the infant mortality rate by 18%, to 4.0 per 1,000 live births Objective PIH-2: Decrease the preterm birth rate by 5%, to 8.4% of live births Objective PIH-3: Increase the percent of very low birthweight (VLBW) infants born in a hospital with a Level III or higher Neonatal Intensive Care Unit (NICU) by 2%, to 94% of eligible infants. Objective PIH-4: Decrease the SUID rate by 20%, to 0.5 per 1,000 live births 			
Strategies	National Outcome Measures	Performance Measures	Evidence-Based Strategy Measures Core Title V Program Infrastructure
<p>Strategy PIH-1: Develop and implement an expanded plan for analysis and reporting of infant mortality and selected morbidity data, and issue initial data report.</p> <p>Strategy PIH-2: Update NYS perinatal regionalization standards and designations and implement updated performance measures for Regional Perinatal Centers and affiliate birthing hospitals.</p> <p>Strategy PIH-3: Continue to convene and lead structured statewide clinical quality improvement initiatives in birthing hospitals through the NYS Perinatal Quality Collaborative (NYSPQC).</p> <p>Strategy PIH-4: Work with local home visiting grantees to increase capacity of established programs through improvements in outreach, enrollment and retention of eligible families.</p> <p>Strategy PIH-5: Provide training and technical assistance to local MIECHV and MICHV grantees to enhance</p>	<p>NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths.</p> <p>NOM 9.1: Infant mortality rate per 1,000 live births.</p> <p>NOM 9.2: Neonatal mortality rate per 1,000 live births.</p> <p>NOM 9.3: Post-neonatal mortality rate per 1,000 live births.</p> <p>NOM 9.4: Preterm-related mortality rate per 100,000 live births.</p> <p>NOM 9.5: Sudden Unexpected Infant Deaths</p>	<p>NPM 3: Percent of VLBW infants born in a hospital with a Level III + NICU</p> <p>NPM 5: Percent of infants placed to sleep on their backs.</p>	<p>ESM PIH-2: Percentage of birthing hospitals re-designated with updated standards.</p> <p>ESM PIH-3: Percentage of infants, sleeping or awake-and-unattended in crib, in a safe sleep environment.</p>

<p>competencies of home visitors and community health workers related to pre- and interconception health, smoking cessation, substance abuse, safe sleep and breastfeeding promotion</p> <p>Strategy PIH-6: Lead collaborative strategies to reduce sleep-related infant death.</p> <p>Strategy LC-1: Integrate performance standards, measures and improvement strategies related to health insurance enrollment across all Title V/ MCH programs.</p> <p>Strategy LC-13: Develop and implement a data analysis plan to assess distribution of DFH/Title V resources and services through a health equity lens</p> <p>Strategy LC-14: Build internal capacity within the DFH/ Title V Program to advance health equity through all Title V programs, including:</p> <ul style="list-style-type: none"> • creation of a cross-program DFH Equity Action Team; • completion of an organizational assessment of equity practices, and • facilitation of staff training and professional development through Equity Learning Labs. <p>Strategy LC-15: Integrate an equity framework into the development of all DFH/Title V procurements through community listening forums conducted as part of the concept development process.</p> <p>Strategy LC-16: Incorporate evidence-based/-informed community engagement and collective impact strategies in all relevant DFH/Title V programs.</p> <p><i>Note: Life Course Strategies and associated ESMs are fully described in the Life Course Domain, and repeat across multiple relevant domains/ priorities consistent with their cross-cutting design.</i></p>	<p>(SUID) mortality rate per 100,000 live births.</p> <p>NOM 11: The rate of infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations.</p>		
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Domain: Child Health (CH)			
State Priority #3: Support and enhance children’s social-emotional development and relationships <i>(as part of shared priority for children and adolescents)</i>			
2020 State Objectives: <ul style="list-style-type: none"> Objective CH-1: Increase the percentage of children surveyed who demonstrate 20 or more developmental assets by 10% from baseline. Objective CH-2 <i>(Same as LC-2)</i>: Increase the percentage of children 9-35 months who received a developmental screening using a parent-completed screening tool by 5%, to 18.4%. 			
Strategies	National Outcome Measures	Performance Measures	Evidence-Based Strategy Measures
<p>Strategy CH-1: Develop and implement a plan for analysis and reporting of available data on children’s social-emotional well-being and adverse childhood experiences (ACES).</p> <p>Strategy CH-2: Identify, pilot test and implement validated tool for measuring positive developmental social-emotional assets among children and adolescents that can be used across MCH child-serving programs.</p> <p>Strategy CH-3: Provide training for Title V staff and external partners, including local child-serving grantees, to increase: 1) awareness, knowledge, and skills to support children’s social emotional development; and 2) trauma-informed care practices.</p> <p>Strategy CH-4: Identify, support and integrate evidence-based/-informed strategies to promote children’s social-emotional wellness and positive developmental assets through established Title V programs, including:</p> <ul style="list-style-type: none"> Maternal and Infant Community Health Collaboratives (MICHC) Home Visiting Infant/Child Mortality initiative 	NOM 19: Percent of children in excellent or very good health.	<p>NPM 6: Percent of children 9-35 months receiving developmental screening using a parent-completed screening tool.</p> <p>SPM 3: The percentage of children and adolescents surveyed who demonstrate 20 or more developmental assets</p>	ESM CH-5: Number of children with documented serious emotional disturbance and/or complex trauma who are enrolled in Medicaid Health Home

<ul style="list-style-type: none"> • Early Intervention, • Successfully Transitioning Youth to Adolescence (STYA) and • School-Based Health Centers. <p>Strategy CH-5: Continue to provide subject matter and technical support to NY’s Medicaid Health Home Program to implement enhanced care coordination for eligible children with serious emotional disturbance and complex trauma.</p> <p>Strategy LC-1: Integrate performance standards, measures and improvement strategies related to health insurance enrollment across all Title V/ MCH programs.</p> <p>Strategy LC-4: Collaborate with partners to improve developmental screening in NYS.</p> <p>Strategy LC-10: Continue and increase Title V staff leadership and participation in the DOH Place-Based Initiative (PBI) work group to:</p> <ul style="list-style-type: none"> • Adopt a shared definition and set of indicators to measure healthy communities; • Review place-based initiatives to identify best practices for community environmental change; • Develop a toolkit of data and evidence-based/-informed practices for community change; • Incorporate requirements for healthy community practices within relevant MCH funding procurements. <p>Strategy LC-11: Enhance collaboration with key partners to advance changes in community environments that promote maternal and child health:</p> <ul style="list-style-type: none"> • increase demand for and access to healthy, affordable foods and opportunities for daily physical activity in high-need communities through the Creating Healthy Schools and Communities program <i>(with NYSDOH Division of Chronic Disease Prevention)</i> 			
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<ul style="list-style-type: none"> • strengthen linkages between Title V programs and the Healthy Neighborhoods Program (<i>with NYSDOH Center for Environmental Health</i>) • support the Regional Centers for Sexual Violence Prevention to implement primary prevention environmental change strategies at the community and individual levels (<i>with NYSDOH Bureau of Injury Prevention</i>) • incorporate selected health-related quality indicators in new quality improvement initiative for regulated child care programs (<i>with Office of Children & Family Services</i>) • incorporate health promotion information and linkages within Community Schools initiative (<i>with State Education Department and Council on Children and Families</i>); <p>Strategy LC-12: Establish or adopt an evidence-informed framework for structuring, measuring and improving collaboration at state and community levels, and provide support to strengthen both internal and external partner capacity to implement the framework across MCH programs.</p> <p>Strategy LC-13: Develop and implement a data analysis plan to assess distribution of DFH/Title V resources and services through a health equity lens</p> <p>Strategy LC-14: Build internal capacity within the DFH/ Title V Program to advance health equity through all Title V programs, including:</p> <ul style="list-style-type: none"> • creation of a cross-program DFH Equity Action Team; • completion of an organizational assessment of equity practices, and • facilitation of staff training and professional development through Equity Learning Labs. 			
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Strategy LC-15: Integrate an equity framework into the development of all DFH/Title V procurements through community listening forums conducted as part of the concept development process.

Strategy LC-16: Incorporate evidence-based/-informed community engagement and collective impact strategies in all relevant DFH/Title V programs.

Note: Life Course Strategies and associated ESMs are fully described in the Life Course Domain, and repeat across multiple relevant domains/ priorities consistent with their cross-cutting design.

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Domain: Children with Special Health Care Needs (CSHCN)			
State Priority #4: Increase supports to address the special health care needs of children and youth			
2020 State Objectives: <ul style="list-style-type: none"> Objective CSHCN-1: Increase the percentage of adolescents with special health care needs ages 12-17 who received services necessary to make to transitions to adult health care by 5% to 16.1%. Objective CSHCN-2: Increase the percentage of families participating in the Early Intervention Program who meet the state's standard for the NY Impact on Family Scale (≥ 576) by 16% to 71.5%. Objective CSHCN-3: Increase the percentage of CSHCN who need and receive care coordination services that meet their needs by 10% to 44%. Objective CSHCN-4: Increase the percentage of infants who receive a follow-up hearing screening after failing initial hearing screening by 60%, to 50% 			
Strategies	National Outcome Measures	Performance Measures	Evidence-Based Strategy Measures
<p>Strategy CSHCN-1: Develop and implement a plan for analysis and reporting of CSCHN data for NYS, including data from revised National Survey of Children's Health, and issue initial data report.</p> <p>Strategy CSHCN-2: Engage parents, families and providers in a system mapping exercise to identify the gaps and barriers in the system of public health programs and services for CSHCN and their families</p> <p>Strategy CSHCN-3: Provide subject matter and technical support to NYS Medicaid Program to implement enhanced care coordination and transition support services for CSHCN through Children's Health Homes.</p> <p>Strategy CSHCN-4: Provide grant funding and technical assistance to support successful transition to adult services for young adults with Sickle Cell Disease (SCD), and evaluate projects to identify best</p>	<p>NOM 17.2: Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system.</p> <p>NOM 18: Percent of children with a mental/behavioral condition who receive treatment.</p> <p>NOM 19: Percent of children in excellent or very good health.</p>	<p>NPM 6: Percent of children, ages 9 through 35 months, receiving a developmental screening using a parent-completed screening tool</p> <p>NPM 12: Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care</p> <p>SPM 4: The percent of families participating in the Early Intervention Program who meet or exceed the state's standard for the NY Impact on Family Scale</p>	<p>ESM CSHCN-7: Percentage of infants with initial abnormal hearing screening results for whom follow-up is documented in NYEHDI-IS.</p>

practices for enhancing transition support to other key CSHCN populations.

Strategy CSHCN-5: In collaboration with University Centers for Excellence in Developmental Disabilities Education, Research, & Service (UCEDD) and other stakeholders, implement NY's IDEA Part C State Systemic Improvement Plan (SSIP) to:

- create a repository of evidence-based practices for family centered services;
- convene statewide learning collaboratives to improve family outcomes for children served in the state's Early Intervention Program; and,
- evaluate projects to identify resources and best practices that can be extended to other CSHCN populations.

Strategy CSHCN-6: Use EI family survey data to inform CSHCN Program, of the needs of families transitioning from EI to CSHCN Program in order to better coordinate services.

Strategy CSHCN-7: Provide technical assistance and facilitate a structured quality improvement project to engage health care providers, hospital staff, parent representatives, and audiologists to improve reporting of initial hearing screening and follow up results into the New York Early Hearing Detection and Intervention Information System (NYEHDI-IS).

Strategy LC-1: Integrate performance standards, measures and improvement strategies related to health insurance enrollment across all Title V/ MCH programs.

Strategy LC-4: Collaborate with partners to improve developmental screening in NYS.

<p>Strategy LC-5: In conjunction with ACT For Youth Center of Excellence, Convene focus groups and review literature to identify contributing factors and effective strategies for improving preventive health care service delivery to adolescents, with a focus on reducing disparities.</p> <p>Strategy LC-13: Develop and implement a data analysis plan to assess distribution of DFH/Title V resources and services through a health equity lens</p> <p>Strategy LC-14: Build internal capacity within the DFH/ Title V Program to advance health equity through all Title V programs, including:</p> <ul style="list-style-type: none"> • creation of a cross-program DFH Equity Action Team; • completion of an organizational assessment of equity practices, and • facilitation of staff training and professional development through Equity Learning Labs. <p>Strategy LC-15: Integrate an equity framework into the development of all DFH/Title V procurements through community listening forums conducted as part of the concept development process.</p> <p>Strategy LC-16: Incorporate evidence-based/-informed community engagement and collective impact strategies in all relevant DFH/Title V programs.</p> <p><i>Note: Life Course Strategies and associated ESMs are fully described in the Life Course Domain, and repeat across multiple relevant domains/ priorities consistent with their cross-cutting design.</i></p>			
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Domain: Adolescent Health (AH)			
State Priority #3: Support and enhance adolescents' social-emotional development and relationships (as part of shared priority for children and adolescents)			
2020 State Objectives: <ul style="list-style-type: none"> Objective AH-1: Increase the percentage of adolescents surveyed who demonstrate 20 or more developmental assets by 10% from baseline Objective AH-2: Reduce the percentage of adolescents who feel sad or hopeless for two weeks or longer in the past year by 10%, to 21.6%. Objective AH-3 (<i>Same as LC-3</i>): Increase the percentage of adolescents ages 12-17 who receive a preventive health care visit in the last year by 5% to 83.2%. 			
Strategies	National Outcome Measures	Performance Measures	Evidence-Based Strategy Measures
<p>Strategy AH-1: Develop and implement a plan for analysis and reporting of available data on adolescent's social-emotional well-being and adverse childhood experiences (ACES), including Youth Risk Behavior Survey (YRBS) and revised National Survey of Children's Health data.</p> <p>Strategy AH-2: Identify, pilot test and implement a framework and validated tool for measuring developmental social-emotional assets among children and adolescents that can be used across MCH programs.</p> <p>Strategy AH-3: Provide training for Title V staff and external partners, including local adolescent-serving grantees, to increase awareness, knowledge, and skills to support: 1) adolescents' social emotional development and 2) trauma-informed care practices.</p> <p>Strategy AH-4: Identify, support and integrate evidence-based/-informed strategies to promote adolescents' social-emotional wellness and positive</p>	<p>NOM 16.3: Rate of suicide deaths among youth aged 15 through 19 per 100,000.</p> <p>NOM 18: Percent of children with a mental/behavioral condition who receive treatment.</p>	<p>NPM 10: Percent of adolescents age 12-17 with a preventive medical visit in the past year</p> <p>NPM 12: Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care</p> <p>SPM 3: The percentage of children and adolescents surveyed who demonstrate 20 or more developmental assets</p>	<p>ESM AH-5: Number of adolescents with documented serious emotional disturbance and/or complex trauma who are enrolled in Medicaid Health Home.</p>

<p>developmental assets through established Title V programs, including:</p> <ul style="list-style-type: none"> • Comprehensive Adolescent Pregnancy Prevention (CAPP) • Family Planning • Pathways to Success • Personal Responsibility Education Program (PREP) • School-Based Health Centers and • Sexual Violence Prevention. <p>Strategy AH-5: Continue to provide subject matter and technical support to NY's Medicaid Health Home Program to implement enhanced care coordination and transition supports for eligible youth and young adults with serious emotional disturbance and complex trauma.</p> <p>Strategy LC-1: Integrate performance standards, measures and improvement strategies related to health insurance enrollment across all Title V/ MCH programs.</p> <p>Strategy LC-5: In conjunction with ACT For Youth Center of Excellence, Convene focus groups and review literature to identify contributing factors and effective strategies for improving preventive health care service delivery to adolescents, with a focus on reducing disparities.</p> <p>Strategy LC-13: Develop and implement a data analysis plan to assess distribution of DFH/Title V resources and services through a health equity lens</p> <p>Strategy LC-14: Build internal capacity within the DFH/ Title V Program to advance health equity</p>			
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<p>through all Title V programs, including:</p> <ul style="list-style-type: none"> • creation of a cross-program DFH Equity Action Team; • completion of an organizational assessment of equity practices, and • facilitation of staff training and professional development through Equity Learning Labs. <p>Strategy LC-15: Integrate an equity framework into the development of all DFH/Title V procurements through community listening forums conducted as part of the concept development process.</p> <p>Strategy LC-16: Incorporate evidence-based/-informed community engagement and collective impact strategies in all relevant DFH/Title V programs.</p> <p><i>Note: Life Course Strategies and associated ESMs are fully described in the Life Course Domain, and repeat across multiple relevant domains/ priorities consistent with their cross-cutting design.</i></p>			
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Domain: Cross Cutting & Life Course (LC)			
State Priority #5: Increase use of primary and preventive health care services across the life course			
2020 State Objectives: <ul style="list-style-type: none"> Objective LC-1: Increase the percentage of women 18-44 years old with a past year preventive medical visit by 10% to 79.4%. Objective LC-2 (<i>same as CH-2</i>): Increase the percentage of children 9-35 months who received a developmental screening using a parent-completed screening tool by 5%, to 18.4%. Objective LC-3 (<i>same as AH-3</i>): Increase the percentage of adolescents ages 12-17 who received a preventive health care visit in the last year by 5%, to 83.2%. 			
Strategies	National Outcome Measures	Performance Measures	Evidence-Based Strategy Measures
<p>Strategy LC-1: Integrate performance standards, measures and improvement strategies related to health insurance enrollment across all Title V/ MCH programs.</p> <p>Strategy LC-2: Continue to support preconception/ reproductive health module within state's Behavioral Risk Factor Surveillance System (BRFSS), and produce focused reports of results to inform Title V program and partner strategies.</p> <p>Strategy LC-3: Incorporate performance measures and strategies to reinforce use of well-woman care including pregnancy planning and prevention across core Title V programs serving women of reproductive age, including:</p> <ul style="list-style-type: none"> Family Planning Program Maternal & Infant Community Health Collaboratives Maternal, Infant & Early Childhood Home Visiting Perinatal Regionalization 	<p>NOM 1: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.</p> <p>NOM 13: Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)</p> <p>NOM 17.3: Percent of children diagnosed with autism spectrum disorder.</p>	<p>NPM 1: Percent of women with a past year preventive medical visit</p> <p>NPM 6: Percent of children 9-35 months receiving developmental screening using a parent-completed screening tool.</p> <p>NPM 10: Percent of adolescents age 12-17 with a preventive medical visit in the past year</p> <p>SPM 1: Percentage of women age 18-44 years who report ever talking with a health care provider about ways to prepare for a healthy pregnancy</p>	<p>ESM LC-3: The number of relevant Title V programs that demonstrate incorporation of strategies to reinforce well-woman and preconception health care services</p> <p>ESM LC-5: The number of strategies implemented by DFH staff to improve adolescent use of preventive health care services.</p>

<ul style="list-style-type: none"> School-Based Health Centers <p>Strategy LC-4: Collaborate with partners to improve developmental screening in NYS.</p> <p>Strategy LC-5: In conjunction with ACT For Youth Center of Excellence, review literature and develop a process to identify contributing factors and effective strategies for improving preventive health care service delivery to adolescents, with a focus on reducing disparities.</p>		SPM 2: The percentage of women age 15-44 years and enrolled in Medicaid using the most effective, reversible methods of contraception	
State Priority #6: Promote oral health and reduce tooth decay across the life course			
2020 State Objectives: <ul style="list-style-type: none"> Objective LC-4: Increase the percentage of NYS residents served by community water systems that have optimally fluoridated water by 8% to 77% Objective LC-5: Reduce the prevalence of dental caries among children and adolescents ages 1-17 by 5%, to 8% Objective LC-6: Increase the percentage of children and adolescents age 1-17 years who had a preventive dental visit in the past year by 5% to 81.0% Objective LC-7: Increase the percentage of pregnant women who had a dental visit during pregnancy by 5% to 57.6%. 			
Strategies	National Outcome Measures	Performance Measures	Evidence-Based Strategy Measures
<p>Strategy LC-6: Provide financial and technical support for maintenance and expansion of community water fluoridation.</p> <p>Strategy LC-7: Increase the delivery of evidence-based preventive dental services across key settings:</p> <ul style="list-style-type: none"> school-based clinics primary care practices public health nutrition programs. <p>Strategy LC-8: Integrate oral health messages and strategies within existing community-based maternal and infant health programs.</p>	<p>NOM 14: Percent of children ages 1-17 who have decayed teeth or cavities in the past 12 months.</p> <p>NOM 19: Percent of children in excellent or very good health.</p>	<p>NPM 13.1: Percent of women who had a dental visit during pregnancy</p> <p>NPM 13.2: children age 1-17 who had a preventive dental visit in the past year</p> <p>SPM 5: Percentage of NYS residents served by community water systems that have optimally fluoridated water.</p>	<p>ESM LC-6: Number of public water systems that receive financial and/or technical support from NYSDOH to maintain or initiate community water fluoridation</p> <p>ESM LC-7: Percentage of 2nd and 3rd graders served by School-Based Dental Programs who receive sealants;</p> <p>ESM LC-8: Percentage of pregnant women served by</p>

Strategy LC-9: Strengthen Title V internal capacity, dental public health core competencies and workforce development for oral health surveillance and evidence-based interventions through continued support for NYS Dental Public Health Residency.			Title V community health workers that have a documented screening or referral for dental services
State Priority #7: Promote supports and opportunities that foster healthy home and community environments.			
2020 State Objectives: <ul style="list-style-type: none"> Objective LC-8: Increase the percentage of children, ages 6-11 and adolescents, ages 12-17 who are physically active at least 60 minutes daily by 5%, to 24.0% and 19.2% respectively. Objective LC-9: Increase the percentage of children and adolescents who live in supportive by 5%, from 50.1% in 2016 to 52.6%. Objective LC-10: Increase the percentage of children and adolescents live in a safe neighborhood by 5%, from 57.2% in 2016 to 60.1%. 			
Strategies	National Outcome Measures	Performance Measures	Evidence-Based Strategy Measures
<p>Strategy LC-10: Continue and increase Title V staff leadership and participation in the DOH Place-Based Initiative (PBI) work group to:</p> <ul style="list-style-type: none"> Adopt a shared definition and set of indicators to measure healthy communities; Review place-based initiatives to identify best practices for community environmental change; Develop a toolkit of data and evidence-based/-informed practices for community change; Incorporate requirements for healthy community practices within relevant MCH funding procurements. <p>Strategy LC-11: Enhance collaboration with key partners to advance changes in community environments that promote maternal and child health:</p>	<p>NOM 15: Rate of death in children aged 1 through 9 per 100,000.</p> <p>NOM 16.1: Rate of deaths in adolescents age 10-19 per 100,000.</p> <p>NOM 19: Percent of children in excellent or very good health.</p> <p>NOM 20: Percent of children ages 2 through 4 and adolescents ages 10 through 17 who are obese (BMI at or above the 95th percentile.)</p>	<p>NPM 8.1: Percent of children age 6-11 who are physically active at least 60 minutes per day</p> <p>NPM 8.2: Percent of adolescents age 12-17 who are physically active at least 60 minutes per day</p>	<p>ESM LC-11: Number of community environmental changes demonstrated as a result of enhanced collaborations</p>

<ul style="list-style-type: none"> • increase demand for and access to healthy, affordable foods and opportunities for daily physical activity in high-need communities through the Creating Healthy Schools and Communities program (<i>with NYSDOH Division of Chronic Disease Prevention</i>) • strengthen linkages between Title V programs and the Healthy Neighborhoods Program (<i>with NYSDOH Center for Environmental Health</i>) • support the Regional Centers for Sexual Violence Prevention to implement primary prevention environmental change strategies at the community and individual levels (<i>with NYSDOH Bureau of Injury Prevention</i>) • incorporate selected health-related quality indicators in new quality improvement initiative for regulated child care programs (<i>with Office of Children & Family Services</i>) • incorporate health promotion information and linkages within Community Schools initiative (<i>with State Education Department and Council on Children and Families</i>); <p>Strategy LC-12: Establish or adopt an evidence-informed framework for structuring, measuring and improving collaboration at state and community levels, and provide support to strengthen both internal and external partner capacity to implement the framework across MCH programs.</p>			
<p>State Priority #8: Reduce racial, ethnic, economic and geographic disparities and promote health equity for MCH population</p> <p>2020 State Objectives:</p> <ul style="list-style-type: none"> • Objective LC-11: Increase the percentage of Title V staff that improve their knowledge of health equity concepts by 20% from baseline (<i>baseline to be established in conjunction with Strategy LC-15</i>). • Objective LC-12: Increase the percentage of DFH procurements that demonstrate application of health equity strategies listed by 20% from baseline (<i>to be established in Year 2-3</i>). • Objective LC-13: Reduce disparities for all selected national and state performance measures by 5% from baseline (<i>targets vary by measure</i>). 			

Strategies	National Outcome Measures	Performance Measures	Evidence-Based Strategy Measures
<p>Strategy LC-13: Develop and implement a data analysis plan to assess distribution of DFH/Title V resources and services through a health equity lens</p> <p>Strategy LC-14: Build internal capacity within the DFH/ Title V Program to advance health equity through all Title V programs, including:</p> <ul style="list-style-type: none"> • creation of a cross-program DFH Equity Action Team; • completion of an organizational assessment of equity practices, and • facilitation of staff training and professional development through Equity Learning Labs. <p>Strategy LC-15: Integrate an equity framework into the development of all DFH/Title V procurements through community listening forums conducted as part of the concept development process.</p> <p>Strategy LC-16: Incorporate evidence-based/-informed community engagement and collective impact strategies in all relevant DFH/Title V programs.</p>	<p>Disparity ratios for key outcome measures above</p>	<p>Disparity ratios for all NYS-selected performance measures above</p>	<p>ESM LC-15: Percentage of DFH procurements that complete community listening forums as part of concept development process</p>